



**APPLICATION FOR STUDENT MEMBERSHIP
INTO THE
MONTANA VETERINARY MEDICAL ASSOCIATION**

I hereby make application for student membership in the Montana Veterinary Medical Association:

Name _____

Mailing address _____
Street or Box City State Zip

Phone _____ Email _____

Attending _____ Anticipated date of graduation _____
School

Membership status

Student – \$10; currently attending a College of Veterinary Medicine in good status.
This is a non-voting membership.

Membership Benefits

- Receive notification of continuing education offerings. All students – MVMA members and nonmembers – are entitled to attend continuing education events offered by the MVMA at no charge. A Proceedings book is not provided and tickets must be purchased if attending meals.
- Able to post ads on the MVMA website and / or place a classified ad in the newsletter at no charge.
- Receive all communication from the MVMA, keeping you abreast of professional issues in Montana.

Signature _____ Date _____

Make checks payable to MVMA.
You may also apply electronically on our website (and pay by credit card):
www.mtvma.org – click on **Join Now**.

MVMA
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Helena, MT 59604
406-447-4259
info@mtvma.org